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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

M02B148

First Named Inventor

Brooker et al.

COMPLETE IF KNOWN

Application Number

10/525,189

Filing Date

February 22, 2005

Art Unit

TBA

Examiner Name

TBA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MANUFACTURE OF ICE CREAM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

02/22/2005

as United States Application Number or PCT International

Application Number

10/525,189

and was amended on (MM/DD/YYYY)

02/22/2005

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/GB2003/003503	WO	08/12/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GB.0219739.0	GB	08/23/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:



The address associated with Customer Number:

20411

OR ☐

Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Brian EdwardBrooker

Inventor's Signature

Date

7 October 2005

Residence: City

State

Country

Citizenship

ReadingBerkshireEnglandUK

GBX

Mailing Address

Masters, Thames Street, Sonning

City

State

Zip

Country

ReadingBerkshireRG4-6UREngland**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Richard IvorTomlin

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

BixHenlyEnglandUK

GBX

Mailing Address

The Old Police House

City

State

Zip

Country

BixHenlyGU20-6HJEngland

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	M02B148
First Named Inventor	Brooker et al.
COMPLETE IF KNOWN	
Application Number	10/525,189
Filing Date	February 22, 2005
Art Unit	TBA
Examiner Name	TBA

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MANUFACTURE OF ICE CREAM

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **02/22/2005** as United States Application Number or PCT International

Application Number **10/525,189** and was amended on (MM/DD/YYYY) **02/22/2005** (if applicable).

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GB.0219739.0	GB	08/23/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="checked" type="checkbox"/> The address associated with Customer Number:	<div>20411</div>	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State		ZIP
Country	Telephone		Email	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Brian Edward		Brooker		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Reading	Berkshire	England	UK	
Mailing Address				
Masters, Thames Street, Sonning				
City	State	Zip	Country	
Reading	Berkshire	RG4-6UR	England	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Richard Ivor		Tomlins		
Inventor's Signature <i>R. Ivor Tomlins</i>				Date
				11 th October 2005
Residence: City	State	Country	Citizenship	
Bix	Henley	England	UK	
Mailing Address				
The Old Police House				
City	State	Zip	Country	
Bix	Henley	RG9 6DE	England	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/525,189
Filing Date	February 22, 2005
First Named Inventor	Brooker et al.
Title	MANUFACTURE OF ICE CREAM
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	M02B148

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Legal Services-IP Dept.				
Address	The BOC Group, Inc.				
Address	575 Mountain Avenue				
City	Murray Hill	State	New Jersey	Zip	07974
Country	United States				
Telephone	(908)771-1320	Fax	(908) 771-6159		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Richard Ivor Tomlins		
Signature	<i>Richard Ivor Tomlins</i>		
Date	11 OCTOBER 2005	Telephone	44 1491 573298.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	M02B148

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☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

20411

Name	Registration Number

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Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

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OR

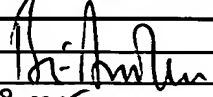
<input checked="" type="checkbox"/> Firm or Individual Name	Legal Services-IP Dept.				
Address	The BOC Group, Inc.				
Address	575 Mountain Avenue				
City	Murray Hill	State	New Jersey	Zip	07974
Country	United States				
Telephone	(908)771-1320	Fax	(908) 771-6159		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Brian Edwards Brooker		
Signature			
Date	7 October 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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